

# Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Los Angeles County Council on Political Education			Date of This Filing 02/04/2008	Date Stamp FEB 04 2008	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER 2133815611	I.D. NUMBER (if applicable) 742204		Report No. 001	For Official Use Only	
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. (explain below)	DEBRA BOWEN Secretary of State	
CITY Los Angeles	STATE CA	ZIP CODE 90006-0000	No. of Pages 2	1 / 2	

## Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

### \*Contributor Codes

IND - Individual  
COM - Recipient Committee (other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

Reason for Amendment: \_\_\_\_\_

02/04/2008 12:59 FAX 121340205/3 RAUFMAN DOWNING LLP

# Late Contribution Report

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2 of 2

LATE CONTRIBUTION REPORT

NAME OF FILER Los Angeles County Council on Political Education		Date of This Filing _____	<b>RECEIVED AND FILED</b> in the office of the Secretary of State of the State of California  FEB 04 2008  <b>DEBRA BOWEN</b> Secretary of State 2 1/2	<b>CALIFORNIA FORM 497</b>
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 742204	Report No. _____		For Official Use Only
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY	STATE	ZIP CODE		
		No. of Pages _____		

## Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
02/04/2008 	L.A. County Democratic Party  Los Angeles CA 90010-0000 ID: 744554	L.A. County Democratic Party  Ballot: Dist:	2500.00	
	ID:	Ballot: Dist:		
	ID:	Ballot: Dist:		
	ID:	Ballot: Dist:		

Reason for Amendment: \_\_\_\_\_

68

## Late Contribution Report

MISC  
Type or print in ink.  
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LATE CONTRIBUTION REPORT

NAME OF FILER  
IBEW LOCAL 180 POLITICAL ACTION COMMITTEE sponsored by IBEW  
LOCAL NO 180

AREA CODE/PHONE NUMBER

I.D. NUMBER (if applicable)

(707) 251-9180

1259083

STREET ADDRESS

CITY

STATE

ZIP CODE

NAPA

CA

94558

Date of  
This Filing 02/01/2008

Report No. LCM-71220

☐ Amendment  
to Report No. \_\_\_\_\_  
(explain below)

No. of Pages 2

Date Stamp

RECEIVED AND FILED  
in the office of the Secretary of State  
of the State of California

FEB 04 2008

DEBRA BOWEN  
Secretary of StateCALIFORNIA  
FORM

497

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## Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

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PTY - Political Party

COM - Recipient Committee (other than PTY or SCC)

SCC - Small Contributor Committee

OTH - Other

Reason for Amendment: \_\_\_\_\_

# Late Contribution Report

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2 of 2  
LATE CONTRIBUTION REPORT

NAME OF FILER IBEW LOCAL 180 POLITICAL ACTION COMMITTEE sponsored by IBEW LOCAL NO 180		Date of This Filing _____	<b>RECEIVED AND FILED</b> in the office of the Secretary of State of the State of California <b>DEBRA BOWEN</b> Secretary of State FEB 04 2008 2 / 2	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1259083	Report No. _____		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY	STATE	ZIP CODE		
		No. of Pages _____		

## Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
12/20/2007 1	Citizens to Support Napa Valley College  Napa ID: 1302481 CA 94558 Ref: <input type="checkbox"/>	Napa College County Napa College Ballot: L Dist:	5000.00	02/05/2008
1	ID:	Ballot: Dist:		
1	ID:	Ballot: Dist:		
1	ID:	Ballot: Dist:		

Reason for Amendment: \_\_\_\_\_



MISC

# Slate Mailer Late Payment Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

RECEIVED AND FILED SLATE MAILER LATE PAYMENT REPORT  
in the office of the Secretary of State  
of the State of California

CALIFORNIA  
FORM 498

For Official Use Only

☐ Amendment No. \_\_\_\_\_

FEB 04 2008

Report No. 2

DEBRA BOWEN  
Secretary of State

NAME OF SLATE MAILER ORGANIZATION

STREET ADDRESS

Your Ballot Guide

AREA CODE/PHONE NUMBER

OPTIONAL: FAX/E-MAIL

I.D. NUMBER

CITY

STATE

ZIP CODE

818-990-4002

588011

Sherman Oaks CA, 91403

## Late Payment(s) Received From:

NAME

I.D. NUMBER (if applicable)

Children's Hospital

ADDRESS

CITY

STATE

ZIP CODE

Oakland, CA 94609

OCCUPATION/EMPLOYER OR NAME OF BUSINESS IF SELF-EMPLOYED (if applicable)

DATE RECEIVED:

02/04/2008

AMOUNT

\$

7,000.00

NAME OF CANDIDATE OR BALLOT MEASURE:

Yes on Measure A A

☒ SUPPORT

☐ OPPOSE

OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT  
MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

Alameda County

\$

7,000.00

NAME OF CANDIDATE OR BALLOT MEASURE:

☐ SUPPORT

☐ OPPOSE

OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT  
MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

\$

NAME OF CANDIDATE OR BALLOT MEASURE:

☐ SUPPORT

☐ OPPOSE

OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT  
MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

\$

NAME OF CANDIDATE OR BALLOT MEASURE:

☐ SUPPORT

☐ OPPOSE

OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT  
MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

\$

NAME OF CANDIDATE OR BALLOT MEASURE:

☐ SUPPORT

☐ OPPOSE

OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT  
MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

\$

NAME OF CANDIDATE OR BALLOT MEASURE:

☐ SUPPORT

☐ OPPOSE

OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT  
MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

\$